STATE OF CONNECTICUT DEPARTMENT OF CONSUMER PROTECTION OCCUPATIONAL & PROFESSIONAL LICENSING DIV

OCCUPATIONAL & PROFESSIONAL LICENSING DIV

Telephone: (860) 713-6135 Web Site: www.state.ct.us/dcp/



For Official Lles Only	
For Official Use Only	

APPLICATION FOR REGISTRATION OF MAJOR CONTRACTOR

INSTRUCTIONS:

Applicant Legal Standing:

Date of Incorporation

All spaces must be completed - please print in ink or type. This application <u>must be accompanied by a check or money order</u> <u>for the correct fee as listed below</u>, made payable to: "Treasurer, State of Connecticut". Application fees are non-refundable. All registrations expire annually on June 30th.

If your application is received between:	Your registration fee is:
July 1 st – September 30 th	\$500.00
October 1 st – December 31 st	\$375.00
January 1st – March 31st	\$250.00
April 1 st – June 30 th	\$125.00

→ Return your completed application and fee to:

Department of Consumer Protection, License Services Division, 165 Capitol Avenue, Hartford, CT 06106

Sole Proprietorship	Partnership	Corporati	on Limite	d Liabilit	y Company	
Name of Applicant						
Frade (d/b/a) Name		Name of Owne	Name of Owner (if different from applicant)			
Street Address	City			State	Zip Code	
Telephone Number (with area code)	FEIN or Social Security	y Number	Email Address			
Has the organization ever failed to complete any If YES, please include a written explanation or			YES	6	NO	
Are there any judgments, claims, arbitration pro against the organization or its officers? If YES, please include a written explanation v		or outstanding	YE	S	NO	
Has the organization filed any law suits or requ contracts within the last five years? If YES, please include a written explanation v	O .	rds to construction	YES	6	NO	
Has the applicant, any partner, or director of the If YES, attach a statement including the date(were decided, and a description of the circum	s) and nature of conviction	•	YES	6	NO	
TYPE OF WORK: List the categories of work a Major Contractor if applicable.	that the organization norma	ally performs with its	s own forces. Include 1	nanagemer	nt and/or supervision as	
1)	2)		3)			
4)	5)		6)			
ORGANIZATIONAL INFORMATION: Plea	se fill out only the section the	hat pertains to your o	rganization.			
If Corporation:	•	-	-			

State of Organization

List Names of Officers, Directors	_				
Name	Address				
Name	Address				
Name	Address				
If Partnership or Limited Liability Company: List Names of all Partners/Members					
Name	Address				
Name	Address				
Name	Address				
THE FOLLOWING ORIGINAL ITEMS, LESS THAN THIRTY	(30) DAYS OLD, MUST BE SUBMITTE	D WITH THE APPLICATION:			
 Three reference letters from persons familiar with the performance of the organizations' major contracting serv. Evidence that the organization has obtained general licetrificate holder to be. Department of Consumer Protects. If applicable, a certified copy of a trade name certificate accordance with Section 35-1 of the Connecticut General Section. If a domestic corporation or LLC, a certificate of legal exiting or, If a foreign corporation or LLC, a certificate of legal exiting certificate of good standing less than 30 days old from the 	ices. (ability insurance for the safety and ability insurance for the safety and ability insurance for the safety and ability insurance. Hartford, CT 06: a from the town in which the organiza statutes stence less than 30 days old from the State all existence from the state in which	welfare of the public; with the 106. ation is primarily conducted, in ecretary of State of Connecticut;			
INCLUDE WITH APPLICATION ON SEPARATE SHEETS:					
CONSTRUCTION PROJECTS IN PROGRESS: List all major construction projects the organization has in progress Name the project Address of the Project Owner of the Project Architect and/or Engineer Contractor Amount Percent Complete Scheduled Completion Date	CONSTRUCTION PROJECTS CO List all major construction projects the past five (5) years Name the project Address of the Project Owner of the Project Architect and/or Eng Contractor Amount Completion Date Percentage or work pown forces	organization has completed in the			
A E I	FIDAVIT				
(To be made before a Notary Public or of The undersigned being duly sworn, upon his/her oath deposes and belief are true and made in good faith. I also swear the Department of Consumer Protection pertaining to major contr 20-341gg-1 through 20-341gg-7 of the Regulations of Connecticut	other official qualified by law to administ and says that the foregoing statements at I am familiar with the statutes and actors, specifically Section 20-341gg of the act State Agencies.	to the best of his/her knowledge regulations promulgated by the the General Statutes and Section			
Applicant	Title	Date			
Subscribed and sworn to before me:					
Signed: Notary Public	Date				
- DOUBLE MOISTA COOLE	Date				